Central Virginia Continuum of Care

Coordinated Entry Referral

To determine a literally homeless (as defined by HUD Category 1 as staying in emergency shelter or residing in a place not meant for human habitation) household's prioritization for coordinated entry through the programs of the Central Virginia Continuum of Care.

Date Household Entered Program: _____ **Completed by**: _____

Head of Household (HoH) Name: _____ **HMIS/DV Identifier**: _____

Date of Birth: _____ **Client Phone #**: _____

Client Location: _____ **Preferred Pronouns**: _____

HoH Race/ Ethnicity (Check all that apply):

☐ American Indian, Alaska Native, or Indigenous ☐ White
☐ Asian or Asian American ☐ Black, African American, or African
☐ Native Hawaiian or Pacific Islander ☐ Hispanic/Latina/e/o
☐ Middle Eastern or North African ☐ Other/Additional details_____

HoH Gender:

☐ Woman (Girl if child) ☐ Man (Boy if child) ☐ Non-Binary ☐ Transgender
☐ Questioning ☐ Culturally Specific Identity (e.g., Two-Spirit) ☐ Different Identity_____

Priority Sub-Population Assessment

Which CVCoC priority subpopulation(s) does this household belong to?

☐ **Veteran**

☐ **Youth –** *under the age of 25 and not with a family member over the age of 24*

☐ **Family –** *household with child(ren) under 18 or household member is pregnant.* **# of people in HH: _____**

☐ **Chronic –** *12+ months of literal homelessness AND a disability of long duration*

If any of the boxes above are selected, please include **Prioritization Tool score**: _____

Scan and email this form to Leslie Loucks at leslie@miriamshouse.org

_____ _____
Project Staff *Date*

To be completed by CoC By-Name List Administrator:

Date CER received: _____ Date added to BNL: _____

_____ _____
CoC By-Name List Administrator *Date*